

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

15

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

CARL

L-

NICKNAME

LAST

SUFFIX

ROBINSON

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10732 TEXARKANA

EL PASO, TX 79924

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

RALPH

NICKNAME

LAST

SUFFIX

ROMAN

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CITY CLERK DEPARTMENT
003 APR 3 PM 3 28

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

8 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

/ /

04 / 03 / 03

10 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 03

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL, DIST 4

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

CARL L. ROBINSON

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 125.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 475.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 1679.71

4. TOTAL POLITICAL EXPENDITURES

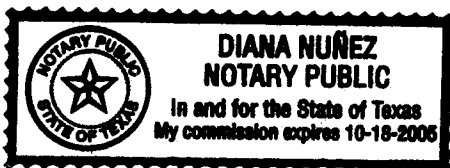
\$ 1679.71

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carl L. Robinson, this the 3rd day of April, 20 03, to certify which, witness my hand and seal of office.

Diana Nuñez
Signature of officer administering oath

Diana Nuñez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/26/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

EL PASO MUNICIPAL POLICE OFF ASSOC

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

747 E. SAN ANTONIO
EL PASO, TX 79924

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/17/03

Full name of contributor

☐ out-of-state PAC (ID#)

BENNY MOSS

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5833 CLYDESDALE
79924

Principal occupation (Optional)

RETIRED

Employer (Optional)

Date

3/4/03

Full name of contributor

☐ out-of-state PAC (ID#)

GUILLERMO ALARCON

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

201 MAIN ST
CLINT, TX 79836

Principal occupation (Optional)

RETIRED

Employer (Optional)

Date

3/11/03

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM MALLARD

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5225 CORNELL
79924

Principal occupation (Optional)

RETIRED

Employer (Optional)

Date

3/8/03

Full name of contributor

☐ out-of-state PAC (ID#)

ALEXANDER KASSIM

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4324 LOMA HERMOSA
79934

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#: _____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/21/03

5 Payee name

ROCK'S SCHOOL WEAR

7 Amount (\$)

\$100.87

6 Payee address; City; State; Zip Code

8307 DYER
EL PASO, TX 79904

8 Purpose of payment (See instructions regarding type of information required.)

T-SHIRTS + SWEATSHIRTS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

CARL L. ROBINSON

Date

3/18/03

Payee name

CLEAR CHANNEL OUTDOOR

Amount (\$)

\$1,175.00

Payee address; City; State; Zip Code

4705 PERSHING DR
EL PASO, TX 79903

Purpose of payment (See instructions regarding type of information required.)

OUTDOOR POSTER ADVERTISING

CARL L. ROBINSON

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/17/03

Payee name

APPAREL ENTERPRISES

Amount (\$)

\$375.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

CARL L. ROBINSON

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/21/03

Payee name

MAIL BOX ETC

Amount (\$)

\$28.84

Payee address; City; State; Zip Code

EL PASO, TX 79904

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN FLIERS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

CARL L. ROBINSON

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

2/17/03

7 Name of lender

CARL L. ROBINSON

☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

\$2500.00

6 Is lender a
financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

10732 TEXARKANA

EL PASO, TX 79924

10 Interest rate**11** Maturity date**12** Description of Collateral☒ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

